



Office of the
United States
Global AIDS
Coordinator

COUNTRY PROFILE

HIV/AIDS

CÔTE D'IVOIRE

A regional economic and migratory hub, Côte d'Ivoire has long had the highest HIV prevalence in West Africa, with equal numbers of men and women suffering from AIDS. The nation has also been significantly affected by an ongoing political and

socioeconomic crisis. A 19 percent decrease in life expectancy is predicted by 2005, as well as an increase in the adult mortality rate by 53 percent, both due to HIV/AIDS.

HIV/AIDS Epidemic in Côte d'Ivoire	
HIV Prevalence in Pregnant Women	9.5% (urban) 5.6% (rural)
Estimated Number of HIV-Infected People (Adults, 2002)	770,000
Estimated Number of Individuals on Antiretroviral Therapy	2,100
Estimated Number of AIDS Orphans	420,000

In 2001, UNAIDS estimated that 420,000 children in Côte d'Ivoire had lost one or both parents to AIDS. Populations with elevated risk include the military, displaced and mobile populations, youth, and socioeconomically vulnerable women. Tuberculosis cases have increased by 10 percent each year since 1997, and testing at tuberculosis facilities shows almost 50 percent of patients with newly diagnosed tuberculosis are AIDS patients.

U.S. GOVERNMENT RESPONSE

In 2003, President George W. Bush announced the Emergency Plan for AIDS Relief, a five-year, \$15 billion U.S. Government initiative that aims to provide treatment to at least two million HIV-infected individuals, prevent seven million new HIV infections, and provide care and support to 10 million people living with and affected by HIV/AIDS, including orphans and vulnerable children. To help attain these goals, the U.S. Government is rapidly expanding its programs and engaging new partners in 15 focus countries, including Côte d'Ivoire. Under The Emergency Plan, Côte d'Ivoire will receive \$13 million in 2004 to support a comprehensive treatment, prevention, and care program.



Treatment

The U.S. Government will provide antiretroviral therapy to people living with HIV/AIDS by supporting the Ministry of Health's new National Treatment Expansion Plan and by building national capacity to rapidly expand good quality, decentralized, comprehensive care services. These activities will complement the technical and financial resources provided by the government, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, and other partners. U.S. Government funds will be used to establish two centers of excellence, in Abidjan and Abengourou, which will serve as national reference centers for expanding activities aimed at prevention of mother-to-child HIV transmission.

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Map of Côte d'Ivoire: PCL Map Collection, University of Texas

Prevention

The U.S. Government will focus on increasing the number, geographic coverage, and capacity of facilities providing services to prevent mother-to-child HIV transmission. Its prevention efforts will also target youth, encouraging the delay of sexual debut, promoting faithfulness, advocating consistent condom use among sexually active individuals, encouraging testing, and identifying and serving newly vulnerable populations. The U.S. Government will also support the expansion of national blood safety to reduce HIV transmission through blood transfusion and to reduce the substantial illness and death from other causes associated with an inadequate national blood supply. The U.S. Government will also support a national injection safety program that will educate consumers about proper injection practices.

Care

The U.S. Government will improve care and support for people living with HIV/AIDS by improving access to comprehensive care services that include antiretroviral therapy for those with advanced HIV disease, those on waiting lists at accredited centers, and those co-infected with tuberculosis. Activities will improve HIV testing at tuberculosis facilities to increase the number of people who know their HIV status. Besides improving HIV diagnosis and care, the U.S. Government will contribute to prevention of opportunistic infections and to treatment services provided by faith- and community-based organizations. U.S. Government funding will support the national goal of strengthening a continuum of care and psychosocial support for people living with HIV/AIDS through home-based care. These efforts are expected to help address stigma and discrimination, and promote access to voluntary counseling, testing, and care services; improve adherence to antiretroviral therapy and other ongoing treatment; and increase the coordination and quality of services for orphans and vulnerable children and for HIV-affected families.

Other

The U.S. Government will also continue to support strategic information activities, and coordination and planning with the Ministry of Health, other ministries, donors, and key stakeholders to identify priorities and to mobilize and efficiently use of resources. The U.S. Government will support efforts to obtain baseline, assessment, and surveillance data; to direct and to measure program efforts and results; and to gather information from efforts at voluntary counseling and testing, prevention of mother-to-child HIV transmission, and treatment to reinforce linkages between sites and to effectively use the data at different levels of the health system.

Crosscutting activities will focus on commodities management, training activities, and coordination efforts. The program will strengthen the forecasting, procurement, storage, distribution, and management of antiretroviral medications, HIV test kits, and other commodities to ensure quality HIV testing, treatment, and care services and minimize the risk of antiretroviral resistance due to stock rupture. Training activities will involve all national health professional training institutions, involve key stakeholders, and strengthen in-service training. Coordination efforts will support nongovernmental organization consortia for management, planning, and overall capacity development and will support the development of a stronger civil society response to HIV/AIDS in Côte d'Ivoire. These new activities will also allow nongovernmental organizations working in HIV/AIDS to enhance their work in fighting stigma and discrimination.

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